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PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	JAB 1521-PCT-USA
	First Named Inventor	Contreras, Roland Henri
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CELL DEATH RELATED DRUG TARGETS IN YEAST AND FUNGI

the specification of which

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 07/03/2000 as United States Application Number or PCT International Application Number PCT/BE00/00077 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
99870141.1	EPO	07/01/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 4]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

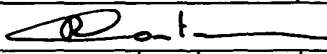
Name	Registration Number	Name	Registration Number
Michael Stark	32,495	Myra McCormack	36,602
Steven P. Berman	24,772	Ellen C. Coletti	34,140
Andrea L. Colby	30,194	Mary A. Appollina	34,087

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	<u>Philip S. Johnson</u>				
Address	<u>Johnson & Johnson</u>				
Address	<u>One Johnson & Johnson Plaza</u>				
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Country	<u>USA</u>	Telephone	<u>(732) 524-2359</u>	Fax	<u>(732) 524-2808</u>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
<u>Roland Henri</u>		<u>Contreras</u>			
Inventor's Signature				Date	<u>10/03/01</u>
Residence: City	<u>Gent</u>	State	<u>Belgium</u>	Citizenship	<u>Belgium</u>
Post Office Address	<u>c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium</u>				
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☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 3 of 4

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Marianne DeniseDe BackerInventor's
Signature

Date

10/16/2001

Residence: City

Beerse

State

Country

BelgiumBEX

Citizenship

BE

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c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium

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San Diego

State

CA

ZIP

92122

Country

USA**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Walter Herman Maria LouisLuytenInventor's
Signature

Date

Residence: City

Beerse

State

Country

BelgiumBEX

Citizenship

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City

Turnhout

State

ZIP

2300

Country

Belgium**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Isabelle Karin PieterLenaertsInventor's
Signature

Date

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State

Country

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Citizenship

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City

Zoersel

State

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2980

Country

Belgium

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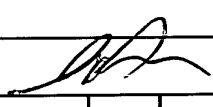
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Supplemental Sheet
 Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Bart Jozef Maria</u>				<u>Nelissen</u>			
Inventor's Signature				Date	<u>10/26/01</u>		
Residence: City	<u>Beerse</u>	State		Country	<u>Belgium</u> <u>BEX</u>	Citizenship	<u>BE</u>
Post Office Address	<u>c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium</u>						
Post Office Address							
City	<u>Meerhout</u>	State		ZIP	<u>2450</u>	Country	<u>Belgium</u>
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Rieka Josephina</u>				<u>Reekmans</u>			
Inventor's Signature				Date			
Residence: City	<u>Gent</u>	State		Country	<u>Belgium</u> <u>BEX</u>	Citizenship	<u>BE</u>
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Post Office Address							
City	<u>Wevelgem</u>	State		ZIP	<u>8560</u>	Country	<u>Belgium</u>
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

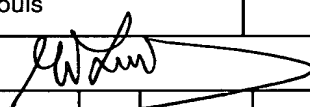
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Marianne Denise				De Backer			
Inventor's Signature						Date	
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Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	San Diego	State	CA	ZIP	92122	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Walter Herman Maria Louis				Luyten			
Inventor's Signature						Date	10/26/01
Residence: City	Beerse	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	Turnhout	State		ZIP	2300	Country	Belgium
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Isabelle Karin Pieter				Lenaerts			
Inventor's Signature						Date	
Residence: City	Gent	State		Country	Belgium	Citizenship	BE
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Post Office Address							
City	Zoersel	State		ZIP	2980	Country	Belgium

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Inventor's Signature						Date	
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Inventor's Signature						Date	
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Given Name (first and middle (if any))				Family Name or Surname			
Isabelle Karin Pieter				Lenaerts			
Inventor's Signature	<i>Lenaerts</i>					Date	10/3/01
Residence: City	Gent	State		Country	Belgium	Citizenship	BE
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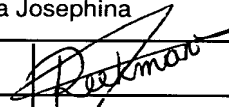
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Inventor's Signature						Date	
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Given Name (first and middle (if any))				Family Name or Surname			
Rieka Josephina				Reekmans			
Inventor's Signature						Date	10/03/01
Residence: City	Gent	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium						
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